

PASSPORT To Health

Provider Newsletter

January—March 2003

Keeping Providers Informed

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PASSPORT Referral Process

One major goal of the PASSPORT To Health Program is for the primary care provider to manage the clients' care and provide them with a "medical home." An important step in managing your PASSPORT clients' care is to provide them with referrals for medically necessary services that you cannot provide.

Referrals can be verbal or in writing, and must be accompanied by the primary care provider's PASSPORT number. PASSPORT providers are required to document PASSPORT referrals in the client's patient records or in a referral log book. In the near future the Department of Public Health and Human Services (DPHHS) will begin conducting audits of this referral documentation.

If a client is accepted as Medicaid without a PASSPORT referral, the provider cannot bill the patient. It is best to get PASSPORT referral in advance, in writing, and it must be specific to service(s) and/or date(s).

The PASSPORT referral number is the number the PASSPORT provider must give to other providers when authorizing services. The referral number is a seven digit number unique to a specific provider. PASSPORT referral numbers are entered on the Medicaid claim forms in the following places:

- UB-92 Claim Form: Locator 11
- CMS 1500 Claim Form: FIELD 17a

If the PASSPORT provider has a client whom s/he has not seen before but who asks for a referral, the provider can refer if the services are medically necessary and appropriate. The PASSPORT Provider can remind the client to establish a patient-provider relationship for future services, or they can disenroll the client if they desire. Remember, the referral should be to an appropriate setting. Overuse of emergency rooms is both an inefficient use of the facility and a costly way to provide services that could be provided elsewhere.

Tips on PASSPORT Referrals:

- Make sure the PASSPORT number given is the number for the month of the referral.
- PASSPORT referrals may be provided by the PASSPORT provider or a medical professional covering for him/her. PASSPORT referrals may not be provided by office staff, but office staff can be the method for conveying the referral.
- Some PASSPORT providers do not give referrals for clients they have not seen. We do encourage providers to consider the client's situation and if the circumstance is urgent it may be appropriate to give the one time referral.
- If a provider suspects that his/her PASSPORT number is being used without approval, the provider is encouraged to request a change in his/ her PASSPORT number by contacting the Medicaid Provider Help Line at 1-800-480-6823.

Do not use or keep a copy of previously acquired PASSPORT authorization numbers. If you do not receive authorization to treat a PASSPORT client for a specific service, you cannot use a previously acquired number. To do so would be contrary to the provisions of the contract you signed with DPHHS, and may be subject to penalties.

**PASSPORT
To Health**

Keeping Providers Informed
1-800-480-6823

Services by MAXIMUS are provided
under the direction of the **Montana**
Department of Public Health and
Human Services

A copy of a PASSPORT referral form is on page 4 of this newsletter. Please feel free to copy and use this form when giving referrals for your PASSPORT clients.

*We will keep
you informed
and thank you
for your
patience during
this long
process.*

DPHHS Budget

In the past several months there has been much discussion throughout the state regarding recently proposed budget cuts for the state of Montana in the 2004-2005 biennium. Unfortunately, the proposed budget cuts will affect virtually all aspects of state government, particularly the Medicaid Program.

DPHHS would like to assure providers that we are doing all we can to minimize any negative impact to both clients and providers in the Medicaid Program. However, due to the degree of the budget shortfall there will be changes that will not be popular and will negatively impact both providers and clients.

Each department at the state submitted recommendations for their program to remain within the expected budget for the next biennium. Governor Martz took all the

proposals and created a budget proposal for the Legislature to review at their next session. The Governor's Proposal can be viewed at:

www.discoveringmontana.com

Until the Legislature adopts a budget, this process is not finished and you will continue to hear of additional proposals or suggestions for dealing with the budget shortfall. We will keep you informed whenever we can and we thank you for your patience during this long process.

Most of all, we appreciate your time and efforts in treating and improving the health of Montanans!



PASSPORT Updates and Reminders

- The Reading Well Program Implemented**
 The state of Montana's immunization incentive program has begun. Please encourage parents to take their two year old child's completed immunization record to the County or Tribal Health Department to receive a free book. If clients are not current on their immunizations they can receive them at the County/Tribal Health Department. Also, your clients may be asking for copies of their child's record so they can take them down to the health departments for their free book.
- New PASSPORT Provider Contracts**
 Early this spring all PASSPORT providers will be asked to fill out new PASSPORT contracts that meet new federal CMS guidelines from the Balanced Budget Act (BBA) regulations. Look for more information in upcoming provider newsletters.
- PASSPORT providers leaving their practice?**
 Please remember to notify the Medicaid PASSPORT Program at least 30 days in advance when a PASSPORT doctor is leaving the practice. This is necessary so that clients have time to find another provider and helps to ensure continual healthcare coverage.



**Wishing you a Happy and
Healthy New Year!**



For questions regarding the PASSPORT To Health Program, please call the Montana Medicaid Provider Help Line at 1-800-480-6823.

Keeping Our Teens Healthy

This article is a follow up to an article in the last newsletter concerning keeping Montanans healthy. Today's teens face many social pressures that make the teen years difficult. They are going through dramatic physical changes while having to meet intense social demands. Teens must make multiple lifestyle choices while being overwhelmed with parental advice, peer pressure, and constant commercial advertising.

Making the correct lifestyle choice is not easy for teens. They find fast food restaurants on every corner, and empty-calorie soft drinks in vending machines. And today's teens are exercising less than the teens before them. It is no wonder that we are seeing higher rates of overweight teens and teens with eating disorders.

Eat Right Montana (ERM), a statewide coalition promoting healthful eating and active lifestyles, urges parents to help teens energize their lives. As the PASSPORT Provider you can share the following information with your client and/or the client's parents.

ERM gives several tips for parents who want to help their teen start a lifetime of healthy habits:

- **Stop, look and listen—before you lecture**
If parents are worried about their child's weight, parents should observe

their child's usual eating habits and activity patterns to see what changes could be made.

- **Walk the health walk**
Setting a healthy example is a critical parental role—teens learn more from watching what parents do than listening to what parents say.
- **Make good nutrition easy**
Parents need to fill their home with nutritious choices that are easy to grab for teens on the go.
- **Take an active interest**
Kids need to know you care. It is important to them that parents take a serious interest in what they eat and how active they are.
- **Provide the right resources**
If a teen needs additional help managing his or her weight or overcoming an eating problem, parents should get help as soon as possible.

Helping teens, or their parents, make healthy lifestyle choices is not impossible, but it is a challenge. Parents should stay encouraged by knowing that helping their teen now will allow them to reap a lifetime of benefits!

For more information on Healthy Families 2002 visit the DPHHS website at www.dphhs.state.mt.us

Setting a healthy example is a critical parental role when raising a healthy teenager.

Indian Health Services

Indian Health Services (I.H.S.) provide federal health services to American Indians and Alaska Natives. All Native Americans who are enrolled with federally recognized tribes are entitled to health services through the I.H.S.

Some Native Americans may also be eligible for Medicaid, and in those cases, Medicaid is the primary payer for services provided through the I.H.S.



A Native American Medicaid client who receives services through PASSPORT To Health may choose the I.H.S. to be the primary care provider, as long as the I.H.S. provider participates as a PASSPORT provider. The client may alternatively choose a PASSPORT provider other than the I.H.S.

If the client chooses a PASSPORT provider other than the I.H.S., he or she may go to the I.H.S. without a referral from the PASSPORT provider.

If the I.H.S. believes the client should be seen by another provider, they should notify the PASSPORT provider to get a referral. If the PASSPORT provider does not give the referral then Medicaid will not pay.

If you have questions about this or any other PASSPORT referral process please call the Medicaid PASSPORT Provider Help Line at 1-800-480-6823.

MONTANA MEDICAID PASSPORT TO HEALTH

•Please Do Not Attach This Form To Claim; Retain With Patient Records To Document Referral
PASSPORT Provider's Name & Phone

Patient's Name: _____

Patient's ID Number: _____

Date of Birth: _____

Referred to:

Name of provider _____

Phone number: _____

Diagnosis/problem: _____

Services Requested:

(Please check all that apply)

1. _____ Evaluate and recommend treatment (1 visit)
2. _____ Initiate treatment and refer back to me (2-3 visits)
3. _____ Continued Supervision (Circle number of visits: 4 5 6)
4. _____ Length of Referral
 _____ 15 days _____ 30 days _____ 45 days _____ other (please specify)
5. _____ Specific Procedures _____
6. _____ Surgery (Please Specify) _____
7. _____ Other _____

Limitations (Please Specify): _____

Follow-up Instructions: _____

Remarks: _____

PASSPORT PROVIDER SIGNATURE

AUTHORIZATION #

DATE REFERRAL AUTHORIZED

NOTE:

- IN ALL CASES, COMMUNICATE YOUR ASSESSMENT AND RECOMMENDATION BACK TO THE PASSPORT PROVIDER
- IF SERVICES BEYOND THOSE AUTHORIZED ARE NEEDED, CALL THE PASSPORT PROVIDER